
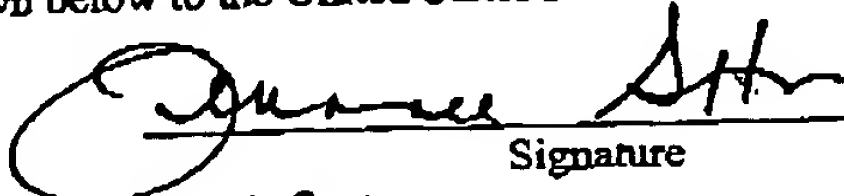


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| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 09/707,844              |           |
|   | Filing Date          | 11/8/2000               |           |
|   | First Named Inventor | Hidetoshi ISHIDA et al. |           |
|   | Group Art Unit       | 2891                    |           |
|   | Examiner Name        | Dana Farahani           |           |
| Total Number of Pages in This Submission  |                      | Attorney Docket Number  | 74819-448 |

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| <b>ENCLOSURES (check all that apply)</b>   |   |  |
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.   |   |  |

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| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b> |  |
| Firm or Individual name                           | Donald R. Studebaker, Reg. No. 32,815<br>Nixon Peabody LLP<br>401 9 <sup>th</sup> Street, N.W.<br>Suite 900<br>Washington, D.C. 20004-2128 |
| Signature   |    |
| Date  | July 5, 2006   |

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| <b>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</b>  |   |
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| July 5, 2006<br>Date   | <br>Signature<br>Jeannie Saxton<br>Typed or printed name |